

1999

Wisconsin Composite Estimated Tax Voucher

Form **CN-ES**

For Nonresident Athletes, Directors, Partners, or Shareholders
Using Form 1CNA, 1CND, 1CNP, or 1CNS for Calendar Year 1999

Federal Employer Identification Number		
Name of Corporation, Partnership, or Tax-Option (S) Corporation		
Street Address		
City	State	Zip Code

VOUCHER #1

Due Date: April 15, 1999

AMOUNT OF PAYMENT

\$

Please do not staple your payment to this voucher.

Make your check payable to and mail to:
Wisconsin Department of Revenue
P.O. Box 8912
Madison, WI 53708-8912

DC-046

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Federal Employer Identification Number		
Name of Corporation, Partnership, or Tax-Option (S) Corporation		
Street Address		
City	State	Zip Code

VOUCHER #2

Due Date: June 15, 1999

AMOUNT OF PAYMENT

\$

Please do not staple your payment to this voucher.

Make your check payable to and mail to:
Wisconsin Department of Revenue
P.O. Box 8912
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Name of Corporation, Partnership, or Tax-Option (S) Corporation		
Street Address		
City	State	Zip Code

VOUCHER #3

Due Date: September 15, 1999

AMOUNT OF PAYMENT

\$

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Street Address		
City	State	Zip Code

VOUCHER #4

Due Date: January 18, 2000

AMOUNT OF PAYMENT

\$

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Street Address		
City	State	Zip Code

VOUCHER #5 — EXTENSION PAYMENT

Due Date: April 17, 2000

AMOUNT OF PAYMENT

\$

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P.O. Box 8912
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